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JUN 08 2009

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36335 7590 03/09/2009

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Loc: Allaire
John Allaire
June 8, 2009

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617,326	07/10/2003	Bastiaan Driehuys	PM0026 DIV	2824

TITLE OF INVENTION: DIAGNOSTIC PROCEDURES USING DIRECT INJECTION OF GASEOUS HYPERPOLARIZED 129XE AND ASSOCIATED SYSTEMS AND PRODUCTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/09/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS		06/09/2009 NNGUYEN2 00000011 502665	10617326	
JONES, DAMERON LEVEST	1618	424-009300		01 FC:1501	1510.00 DA	
				02 FC:1504	300.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
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Robert F. Chisholm

2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medi-Physics, Inc.

Princeton, N.J.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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Authorized Signature

Date *4 June 2009*

Typed or printed name *Robert F. Chisholm*

Registration No. *39,939*

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